



# The Plumbing Foundation City of New York, Inc. Gas Operator Qualification Membership Experience Affidavit for Local Law 152

*This affidavit is solely for participants that seek to become qualified to inspect gas systems within the NYC Department of Buildings (DOB) jurisdiction per NYC Local Law 152 of 2016 and 1 RCNY §103-10 (not for Licensed Master Plumbers who are exempted from additional training for Local Law 152 of 2016 purposes only) and on behalf of whom the Licensed Master Plumber can attest has at least five (5) years of full-time experience<sup>1</sup> working under the direct and continuing supervision of a Licensed Master Plumber. **\*\*Be advised that participants must still complete all components of the Gas Operator Qualification program although drug testing is not a requirement for the NYC DOB the program components still must be completed (drug test, 7-hour training, passage of 3-part written and 1-part practical exam) as the program was primarily designed for Covered Tasks 86 and 87 for US DOT jurisdictional gas piping; however, upon successful completion of the program, the participant, if possessing the 5 years' full-time experience required by Local Law 152 as attested to on this affidavit, will meet the requirements to be considered qualified to inspect gas systems under the NYC DOB's jurisdiction for Local Law 152 periodic gas inspections. (GTI / NGA NYC DOB-approved course provider # 6T73)***

## **PARTICIPANT INFORMATION**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
Driver's License or Other Government-Issued ID Number (indicate State if not New York) \_\_\_\_\_

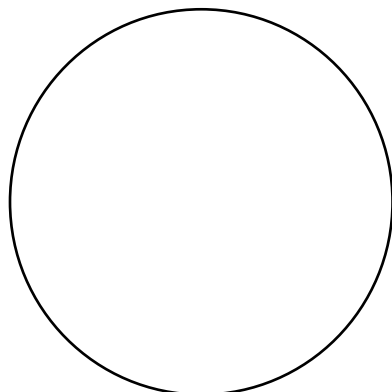
## **LICENSED MASTER PLUMBER INFORMATION**

Business Name \_\_\_\_\_  
Business Street Address (NYC location) \_\_\_\_\_  
Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_  
Business Email \_\_\_\_\_  
Licensee Name \_\_\_\_\_  
Licensee Number \_\_\_\_\_

## **SEAL AND SIGNATURE STATEMENT**

By personally sealing and signing and submitting this document and then submitting a scanned copy to [GOQMembership@plumbingfoundation.nyc](mailto:GOQMembership@plumbingfoundation.nyc), I intend for the image of this seal and signature to be used as my official professional seal and signature. I personally attest to the fact that above participant who is currently in my employ possesses the necessary five (5) years of full-time experience in plumbing work while<sup>2</sup> under the direct and continuing supervision of a Licensed Master Plumber.

Name (printed) \_\_\_\_\_ Date \_\_\_\_\_



<sup>1</sup> While the NYC DOB rule does not specifically require that the candidate have prior relevant gas work experience to conduct these inspections, the Plumbing Foundation **strongly advises** that candidates sponsored for this training have relevant gas work experience. This training program is not presented as an instructional program for gas safety or the NYC Fuel Gas Code. It assumes the candidates have basic prior knowledge and work experience. The program provides enhanced gas safety training that builds on the candidate's prior knowledge and experience.  
<sup>2</sup> See Footnote 1.